

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/527 919

FILING DATE

03-17-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3					
5	3					
6	3					
7	3					
8	3					
9	3					
10	3					
11	3					
12	3					
13	3					
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30	3					
31	3					
32	3					
33	2					
34	2					
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	95	↔	↔	↔		
TOTAL CLAIMS	96					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

(96)